DIVISION OF MEDICAL SERVICES
PROVIDER BULLETIN

Volume 27 Number 20 http://www.dss.mo.gov/dms May 27, 2005

PSYCHOTHERAPY BULLETIN

Physician (Psychiatrist), Psychologist, PCNS, LCSW, LPC, FQHC, RHC

CONTENTS

PRIOR AUTHORIZATION FOR CHILDREN IN STATE CUSTODY AND RESIDENTIAL TREATMENT FACILITIES

The Division of Medical Services will NOT implement Prior Authorization (PA) of psychology services on July 1, 2005 for children in state custody and/or residential treatment facilities

Psychology Bulletin, Volume 27 Number 17 dated April 13, 2005, stated that the Division of Medical Services had tentatively scheduled implementation of prior authorization of psychology services for children in state custody and/or residential treatment facilities for July 1, 2005. The Division believes it necessary to delay implementation of the PA process for this group of children until a later date. During this time the Division of Medical Services will continue working with the Children's Division, the Missouri Medicaid Non-Pharmaceutical Mental Health Prior Authorization Advisory Committee and others in developing a process to meet the needs of children in state

custody and residential treatment facilities. Providers will be notified in a future bulletin of the implementation date(s) for these groups of children.

PSYCHOLOGICAL SERVICES REQUEST FOR PRIOR AUTHORIZATION FORM

Attached is the revised version of the Psychological Services Request for Prior Authorization form. Begin using the new form immediately when requesting prior authorization for psychological services for adults and for children ages 0-20.

SERVICES PROVIDED IN A GROUP HOME

The October 22, 2003 Psychotherapy Bulletin instructed providers to use place of service 99 when providing group therapy to a group of children in a group home. Effective for dates of service July 1, 2005 and after, providers should begin using place of service 14 (Group Home) to bill for these services

PLACE OF SERVICE 99

Effective for dates of service July1, 2005 and after, the Division of Medical Services will implement a new policy regarding the use of place of service 99. Place of service 99 can only be used for services provided in a private school. Place of service 99 cannot be used for therapy provided in a public setting, which includes but is not limited to the following:

- Services provided in a parked or moving vehicle
- Public Library
- Park
- Restaurants
- Shopping Centers
- While taking a client to or during doctor's appointments, court hearings, Children's Division meetings, etc.

As a reminder, providers who wish to provide services in a public school setting or on school grounds must also enroll with a pay-to of the school district in which the school is located. When submitting a claim for services provided on public school grounds, place of service code 03 must be used.

Please be advised that Missouri Medicaid does not cover place of service 15 (Mobile Unit).

DOCUMENTATION REQUIREMENTS

In those instances when documentation is required for a prior authorization, if the psychological services being requested are court ordered, a copy of the court order must also be attached to the documentation.

PROCEDURE CODE 90899

Effective July 1, 2005, procedure code 90899 (unlisted psychiatric service or procedure) will no longer be a payable code.

CLARIFICATION REGARDING PRIOR AUTHORIZATION FOR CHILDREN

Effective May 1, 2005, the prior authorization process began for children ages 3 through 20 who are not in state custody or residing in residential treatment facilities. For children ages 0 through 2, all psychological services (except for Crisis Intervention, inpatient services, services with a medical evaluation and management service component, and services for children residing in residential treatment facilities) requires a prior authorization.

NOTE: If requesting a prior authorization for psychological assessment or testing for ages 0-2, providers must submit clinical justification for providing these services.

CLARIFICATION REGARDING PRIOR AUTHORIZATION IF AGE CHANGES

The April 13, 2005 Psychotherapy Bulletin noted that if a child's age changes during the prior authorization period, the prior authorization will continue as authorized. However please be advised that if the child reaches age 21 during the authorization period, those providers restricted to ages 20 and under will not be paid for those services performed on or after the date the child reaches the of age of 21 even if prior authorized. The policy for age restrictions for certain provider specialties will still apply.

CLARIFICATION REGARDING INTERACTIVE THERAPY

The April 13, 2005 Psychotherapy Bulletin stated that Individual Interactive Therapy for any age will not be allowed under the four (4) hours of non-prior authorized services. This is correct, however the bulletin also incorrectly stated that this was not a change in current policy. Beginning May 1, 2005, these services must be prior authorized for all ages. This is a change in current policy.

CLARIFICATION REGARDING PRIOR AUTHORIZATION CHANGES/CLOSES

The April 13, 2005 Psychotherapy Bulletin stated that the signed release from the patient requesting a change in provider must include the recipient's DCN and the

therapist's nine-digit Medicaid provider number. In most cases, a recipient and the new therapist will not have the provider number of the recipient's current therapist. Therefore to clarify, the signed release from the patient must include the recipient's DCN, the type of therapy to be closed, and the name of the therapist whose authorization is to be closed.

OTHER POLICY CLARIFICATIONS

SERVICES

As stated in Section 13.5.A of the Missouri Medicaid Psychology/Counseling Provider Manual at http://www.medicaid.state.mo.us/, Missouri Medicaid enrolled mental health providers must only bill for services they themselves **personally** provide. Missouri Medicaid does not cover services provided by someone other than the enrolled provider. Services provided by an individual under the direction or supervision of an enrolled provider are not covered. Documentation must identify and support the individual who personally provided the service.

In instances where there may be more than one Medicaid enrolled therapist providing services during the same session, only one therapist may bill for the session.

A diagnostic assessment service is for the purpose of identifying the treatment needs of the individual or family. Per state regulation 13 CSR 70-98.015(5)(D)6 at http://www.sos.mo.gov/adrules/csr/current/13csr/13c70-98.pdf, a diagnostic assessment from a Medicaid enrolled provider must be documented in the patient's case record. Missouri Medicaid requires that an assessment include face-to-face direct patient contact. Documentation must clearly support that face-to-face contact was made. As stated in Section 13.18 of the Psychology/Counseling Manual and Section 13.57.J of the Physician Manual, Missouri Medicaid does not cover any type of telephone consultations.

Claims submitted for payment must be for the date the service was provided. Providers must not submit claims for time that has been accumulated on different days, such as units for assessment or testing (although this applies to any service). As an example, if two units of assessment were performed on one day and one unit on the following day, the appropriate number of units should be billed for each day, instead of billing three units for one date of service. **Documentation must reflect the actual time spent on each day to justify the number of units billed**.

Claims can only be submitted for time that is documented in the medical record, which includes assessment, testing, treatment notes and progress notes. Records that do not document the actual time spent (i.e., 2:00 p.m. - 2:30 p.m.) and records that do not contain a treatment plan and assessment may result in payment being recouped.

Provider Bulletins are available on the DMS Website at http://www.dss.mo.gov/dms/pages/bulletins.htm. Bulletins will remain on the Published Bulletin site only until incorporated into the provider manuals as appropriate, then moved to the Archived Bulletin site.

Missouri Medicaid News: Providers and other interested parties are urged to go to the DMS Website at http://dss.missouri.gov/dms/subscribe/MedNewsSubscribe.htm to subscribe to the list serve to receive automatic notifications of provider bulletins, provider manual updates, and other official Missouri Medicaid communications via e-mail.

MC+ Managed Care: The information contained in this bulletin applies to coverage for:

- MC+ Fee-for-Service
- Medicaid Fee-for-Service
- Services not included in MC+ Managed Care

Questions regarding MC+ Managed Care benefits should be directed to the patient's MC+ Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MC+ card or by calling the Interactive Voice Response (IVR) System at 1-800-392-0938 and using Option One.

Provider Communications Hotline
800-392-0938 or 573-751-2896

STATE OF MISSOURI
DEPARTMENT OF SOCIAL SERVICES

PSYCHOLOGICAL SERVICES REQUEST FOR PRIOR AUTHORIZATION

Authorization approves the medical necessity of the requested service only. It does not guarantee payment. The recipient must be Medicaid eligible on the date of service.

RECIPIENT NAME (LAST, FIRST, M.I.)	DATE OF BIRTH	PROVIDER NAME (AFFIX LABEL HERE)
RECIPIENT ADDRESS (STREET, CITY, STATE, ZIP CODE	MEDICAID NUMBER	ADDRESS
☐ INITIAL REQUEST		MEDICAID PROVIDER NUMBER
☐ *CONTINUED TREATMENT	NUMBER OF HOURS USED	
PROVIDER TELEPHONE NO.	PROVIDER FAX NO.	SIGNATURE / DATE

1. Has the patient/guardian agreed to his/her treatment plan? ☐ Yes ☐ No
2. Have you communicated with the PCP, other involved therapist, or other relevant health care practitioners about treatment? ☐ Yes ☐ No ☐ No Release ☐ No PCP
3. Are you requesting Individual Therapy? ☐ Yes Start Date _____ ☐ No
4. Are you requesting Family Therapy? ☐ Yes Start Date _____ ☐ No
5. Are you requesting Group Therapy? ☐ Yes Start Date _____ ☐ No
6. Are you requesting Individual Interactive Therapy? ☐ Yes Start Date _____ ☐ No
7. Are you requesting Family Therapy without patient present? ☐ Yes Start Date _____ ☐ No
8. Are you requesting therapy for children ages birth through 2? ☐ Yes Start Date _____ ☐ No
9. Are you requesting assessment hours? ☐ Yes Hours _____ ☐ No
10. Are you requesting diagnostic testing? ☐ Yes Hours _____ ☐ No

DSM-IV-TR MULTIAXIAL DIAGNOSIS (PLEASE COMPLETE)

AXIS I: CLINICAL DISORDERS OR OTHER CONDITIONS THAT MAY BE A FOCUS OF CLINICAL ATTENTIONS

DIAGNOSTIC CODE	DIAGNOSTIC CODE
___ ___ ___ - ___ ___	___ ___ ___ - ___ ___

IS THERE ANY EVIDENCE OF SUBSTANCE ABUSE?
☐ Yes ☐ No

AXIS II: PERSONALITY DISORDERS, MENTAL RETARDATION

DIAGNOSTIC CODE	DIAGNOSTIC CODE
___ ___ ___ - ___ ___	___ ___ ___ - ___ ___

AXIS III: GENERAL MEDICAL CONDITIONS

DOES THIS PATIENT HAVE A CURRENT GENERAL MEDICAL CONDITION THAT IS POTENTIALLY RELEVANT TO THE UNDERSTANDING OR MANAGEMENT OF THE CONDITION(S) NOTED IN AXIS I OR II?

☐ Yes ☐ No If Yes, list condition: _____

_____

AXIS IV: PSYCHOSOCIAL AND ENVIRONMENTAL PROBLEMS (PLEASE INDICATE ALL THAT APPLY)

☐ Problems with primary support group
☐ Problems related to social environment
☐ Problems with access to health care services
☐ Other psychosocial and environmental problems
☐ Problems related to interaction with legal system/crime
☐ Economic problems
☐ Educational problems
☐ Occupational problems
☐ Housing problems
☐ None

AXIS V: GLOBAL ASSESSMENT OF FUNCTIONING (CHECK ONE AND LIST SCORE) ☐ MODIFIED GAF AGE 18 AND OLDER ☐ C-GAS AGE 6-17

SCORE	DATE

** Requires an initial assessment, treatment plan and the last three progress notes. Continued treatment requests may only be made after 75% of the current PA is used.*

INSTRUCTIONS FOR COMPLETION

HEADER INFORMATION

Recipient Name – Enter the recipient's name as it appears on the Medicaid ID card.

Date of Birth – Enter the recipient's date of birth.

Provider Name – Attach a Medicaid provider label or enter the requested provider's information exactly as it appears on the label.

Recipient Address – Enter the recipient's current address.

Medicaid Number – Enter the recipient's 8-digit Medicaid identification number as shown on the Medicaid identification card or county letter of eligibility.

Provider Address – If a Medicaid provider label is not used, enter the complete mailing address in this field.

Initial Request/Continued Treatment – Mark *Initial* for the first Prior Authorization (PA) requested after the 4 hours service without PA. Mark *Continued Treatment* for any PA requested after the initial PA. After the initial/first PA, the second and all future requests require copies of the original assessment, the treatment plan, and the last three progress notes attached to the Prior Authorization Request Form.

Medicaid Provider Number – If a Medicaid provider label is not used, enter the provider's Medicaid Identification number.

Provider Phone – Enter current phone number of the provider making the request.

Provider Fax Number – Enter the fax number of the provider making the request.

Signature/Date – The provider of services should sign the request and indicate the date the form was completed.

QUESTIONS NUMBER 1 THROUGH 10 MUST BE COMPLETED FOR THERAPIES REQUESTED. QUESTIONS 6 THROUGH 8 REQUIRE DOCUMENTATION AT ALL TIMES. HOURS FOR ASSESSMENT AND DIAGNOSTIC TESTING MUST BE LISTED IN ORDER TO BE REIMBURSED.

DSM-IV-TR MULTIAXIAL DIAGNOSIS MUST BE COMPLETED

Axis I – Clinical Disorders

Axis II – Personality Disorders, Mental Retardation

Axis III – General Medical Conditions

Axis IV – Psychosocial and Environmental Problems

Axis V – Global Assessment of Functioning

Prior authorization request may be phoned, faxed or mailed into the call center (see below)

InfoCrossing
P.O. Box 4800
Jefferson City, MO 65102
Phone (toll free) 866-771-3350
Fax 573-635-6516